



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: DOWNTOWN PLAZA IMAGING PO BOX 55929 HOUSTON TX 77255	MFDR Tracking #: M4-05-B447-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: CITY OF HOUSTON Box #: 42	Date of Injury:
	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Rationale for Increased Reimbursement: "CPT code 62282WP is for use on Epidural Steroid Injection. This is the Main procedure performed for Lumbar spine. CPT code 72265 is for Interpretation. CPT code 00630QX is for Anesthesia performed by a C.R.N.A.: By a different Professional."

Principal Documentation:

1. DWC 60 Package
2. Medical Bill(s)
3. EOB(s)
4. Medical Records
5. Total Amount Sought per Updated Table- \$845.00

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: The respondent did not submit a position summary in the response package.

Principal Documentation:

1. Response Package

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
8/25/2004	62282WP	$\$405.40 \times 125\% = \506.75	\$495.00	\$495.00
	00630-QX	Not Applicable	\$350.00	\$0.00
Total Due:				\$495.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Tex. Lab. Code Ann. §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. Division rule at 28 TAC §133.307, effective January 1, 2003, 27 TexReg 12282, applicable to disputes filed on or after January 1, 2003, sets out the procedures for health care providers to pursue a medical fee dispute.
2. Division rule at 28 TAC §134.202, titled *Medical Fee Guideline*, effective August 1, 2003 sets out the fee guideline for professional health care services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits dated 9/20/2004

- G-Unbundling

Explanation of benefits dated 7/1/2005

- 97-Payment is included in the allowance for another service/procedure.
- 509 – Correct coding initiative bundle guidelines indicate this code is a comprehensive component of another code on the same day as code 00630 and 72265.
- W4 - No additional reimbursement allowed after review of appeal/reconsideration.
- 920-002 – In response to a provider inquiry, we have re-analyzed this bill and arrived at the same recommended allowance.

Issues

1. Is the respondent's denial reason code supported?
2. Is the requestor entitled to reimbursement?

Findings

1. Division rule at 28 TAC §134.202(b) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section."

The respondent denied reimbursement for the disputed services based upon reason code "97," "G," and "509."

The requestor's rationale for increased reimbursement taken from the *Table of Disputed Services* states that "CPT code 62282WP is for use on Epidural Steroid Injection. This is the Main procedure performed for Lumbar spine. CPT code 72265 is for Interpretation. CPT code 00630QX is for Anesthesia performed by a C.R.N.A.: By a different Professional."

A review of the submitted EOBs finds that on August 25, 2004 the requestor billed for the following services: 00630-QX, A4550, A215, J3010, J2001, J3360, J7030, J2765, J0702, J3490, 62282, 72265, 76003, A4645, 93005, 94760 and 99354.

The submitted operative report indicates that the Lumbar Epidural Steroid Injection was performed by Dr. Joon S. Lee, and the monitored IV sedation was administered by Ms. Michelle Scott, CRNA.

The requestor billed CPT code 00630-QX for the CRNA services. CPT code 00630 is described as "Anesthesia for procedures in lumbar region; not otherwise specified." The "QX" modifier is used for anesthesia administered by a CRNA that is medically directed by an anesthesiologist or physician. The physician directing the anesthesia is different from the one performing the surgery. A review of the operative report does not document who directed the CRNA; therefore, the QX modifier is not supported. As a result, this service is not reimbursable.

The requestor billed CPT code 62282 described as "Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)." Per CCI edits, CPT code 62282 is a component of 00630 if they are performed by the same physician, because they were performed by different providers, they are not unbundled. Therefore, reimbursement for CPT code 62282 per Division rule at 28 TAC §134.202 is recommended.

2. Division rule at 28 TAC §134.202(c) states "To determine the maximum allowable reimbursement (MARs) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications: (1) for service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology the conversion factor to be used for determining reimbursement in the Texas workers' compensation system is the effective conversion factor adopted by CMS multiplied by 125%. For Anesthesiology services, the same conversion factor shall be used."

The MAR for CPT code 62282 in Houston, Texas is \$405.40 X 125% = \$506.75. The requestor is seeking \$495.00, this amount is recommended for payment.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation supports the reimbursement amount sought by the requestor for CPT code 62282. For the reasons stated above, the division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$495.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031 and §413.019 (if applicable), the Division has determined that the requestor is entitled to reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$495.00 plus applicable accrued interest per Division rule at 28 Texas Administrative Code §134.803, due within 30 days of receipt of this Order.

Authorized Signature

Medical Fee Dispute Resolution Officer

8/10/2010

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.